

STATE OF ALASKA OFFICE OF THE GOVERNOR P.O. Box 110001 Juneau, AK 99811-0001

BOARDS AND COMMISSIONS APPLICATION/RESUME FORM

INSTRUCTIONS

A separate application is required for each position for which you apply. Complete and specific answers will aid in rapid and accurate processing of your resumé. Please type or print legibly in ink. Forward to the above address. Be sure your answers are true. A willfully false answer may result in your disqualification or removal from office if you are appointed.

Board or Commission for which I am applying:		
Mailing Address:		
Residence Address:		
City, State and Zip Code:		
Home Telephone:	Business or Message Telephone:	
Fax Number:	Cell Phone:	
Email address :		
AS 39.05.100 requires that a person appointed to election:	a state board or commission be a registered voter prior to the last general	
Are you a registered voter? YESN	IO	
Voter Registration Number (Optional):	Social Security Number (Optional):	
Have you ever been convicted of a misdemeanor	within the past five years or a felony within the past ten years?	
application. A conviction is not necessarily ground	explain the circumstances on a separate sheet of paper and attach it to this ds for disqualification. The number of convictions, nature, recentness, and e evaluated and a determination will be made after a review of all relevant	
	commissions require full disclosure of personal financial data under AS n for which you are applying, are you willing to do so?	
Could you or any member of your family be affect you have applied? YES NO	ed financially by decisions to be made by the board or commission for which	

If "YES", explain:
TRAINING AND EXPERIENCE: (If resumé attached, it is not necessary to complete items A-D)
A. List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria:
B. List both formal and informal education and training experiences: (Use additional paper if necessary)
C. List any community service, municipal government, and state positions held, and any awards received. Include both compensated and uncompensated positions (such as president of a service organization or a mayor). Include length of time served.
D. Employment work history - paid, unpaid or voluntary: (Use additional paper if necessary)
The Office of the Governor and the State of Alaska have an Affirmative Action Equal Employment Opportunity Program. To assist in the program, you are asked to voluntarily answer the following questions to provide the information necessary for reporting purposes. Under State and Federal law, the information you provide will not be used to illegally discriminate against you.
DATE OF BIRTH:
SEX: Male Female
ETHNICITY: Alaska Native American Indian Asian or Pacific Islander Black Hispanic White
MILITARY SERVICE (if applicable, give dates):

CERTIFICATION: I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of

former employees or other persons who know me to that the information on this application is public information.	obtain additional information about my skills ar	nd abilities. I understand
Signature (in ink):	Date:	